

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2359

Registration District No. 31

Primary Registration District No. 44

Registrar's No.

1. PLACE OF DEATH

- (a) County Crawford
(b) City or town Steelville
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Emma J. Conway

3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 8
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If
alive _____ years

7. Birth date of deceased 10 1 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 29 hr. min.

9. Birthplace Crawford Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Randy Conway
13. Birthplace Steelville MO
(City, town, or county) (State or foreign country)
14. Maiden name Gold Craker
15. Birthplace Steelville MO
(City, town, or county) (State or foreign country)

16. (a) Informant Randy Conway
(b) Address Steelville

17. (a) _____ (b) Date thereof 1/30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Stone Hill Cemetery

18. (a) Signature of funeral director E. Jones
(b) Address Steelville

19. (a) 2-10-41 (b) E. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Crawford
(c) City or town Steelville (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28
year 1941 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from January 27
morning of 1941 to Jan 27 evening 1941
that I last saw him alive on Jan 27 - 1941
and that death occurred on the date and hour stated above.

- Immediate cause of death Pneumonia
Due to Pneumonia
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration
A.M. -
1-27-41
1-28-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 20

- (Specify type of place)
While at work _____ (e) Means of injury 1

23. Signature Quincy E. Wright (M. D. or other) D.C.
Address Steelville, MO Date signed 1-28-41

RECEIVED

District Health Officer No. 5,

District File Number 241301

Date Filed _____

621

JUL 11 1970

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2359

Registration District No. 231

Primary Registration District No. 444

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Steelville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Emma J. Conway

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex 7

5. Color or
race W

6. (a) Single, widowed, married,
divorced 8

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

1 3 39

h. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month 1 day 28
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho
pneumonia

Due to Had no former history
was called on case and

Due to Last day. Refer to Dr.
Parsons for former history.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Dorothy E. Wright (M. D. or other) O. C.

Address Steelville, Mo. Date signed 2-10-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration

1 day

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

107

